

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <u>09 781304</u>	FILING DATE <u>02/13/01</u>	
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	1						51			
2	1						52			
3	2						53			
4	2						54			
5	1						55			
6	1						56			
7	1						57			
8	1						58			
9	1						59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	1						64			
15	4						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20							70			
21							71			
22							72			
23							73			
24							74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	2						79			
30	1						80			
31	1						81			
32	1						82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	4						TOTAL IND.			
TOTAL DEP.	33	←	↓	←	↓	←	TOTAL DEP.	←	↓	←
TOTAL CLAIMS	27						TOTAL CLAIMS			